Form 80-108-07-8-1-000 Rev. (05/07)

Mississippi

Schedule A - Itemized Deduction Schedule B - Interest & Dividends and Schedule N - Other Income 2007

Page 1

Taxpayer Name		Social Security Number					
PAR	T 1: SCHEDULE A - Itemized Deductions	111	: - :	.	· !!		:
	m Federal Form 1040 Schedule A)(MUST COMPLETE FULLY.)		ROUND	TO THE	NEARE	ST DOI	LLAR
the res	amount of AGI on Form 1040 exceeds the federal limits, you must refer to your Federal Schedule A and compli- sult on Line 9 below. In the event you filed using the standard deduction on your Federal Return and wish to ite	ete the worksheet mize for Mississipp	provided in pi purposes	the MS Ins , use Feder	tructions on al Form 104	Page 13 40 Sched	i. Enter lule A
1.	a. Medical and Dental Expenses	1a.					
	b. AGI from Federal Form 1040 \$ X 7.5%(.075)	1b.	_				
	c. Medical & Dental Expense Deduction (Subtract line 1b from line 1a.)	1c.					
2.	a. Total Taxes Paid	2a.					: :
	b. Less State Income Taxes (or other taxes in lieu of)	2b.	-				
	c. Total Taxes Paid Deduction (Subtract line 2b from line 2a.)	2c.					· · · · · · · · · · · · · · · · · · ·
3.	Total Interest Paid	3.					
4.	Charitable Contributions	4.	· · · · · · · · · · · · · · · · · · ·	; ; ; ;			} · · · · [
5.	Total Casualty or Theft Loss (Must Attach Fed Form 4684.)	5.					
6.	a. Employee Expenses & Misc. Deductions Subject to 2% Limitation	6a.	:	: · · · : · · · · · · · · · · · · · · ·			····:
	(Must Attach Fed Form 2106.) b. AGI from Federal Form 1040 \$ X 2%(.02)	6b.	_				
	c. Subtract line 6b from line 6a	6c.		} · · · ! · · ·			· · · · · · · · · · · · · · · · · · ·
7.	a. Other Miscellaneous Deductions	7a.		: ; :			<u> </u>
	b. Less MS Gambling Losses	7b.	_				:: :
	c. Other Miscellaneous Deduction (Subtract line 7b from line 7a.)	7c.					:
8.	Mississippi Itemized Deductions - (Add Lines 1c, 2c, 3, 4, 5, 6c, and 7c.) Enter the amount here are			ļļ			· · · · · · · · · · · · · · · · · · ·
9.	Resident Form 80-105, Page 1, Line 19 or Non-Resident Form 80-205, Page 1, Line 16a. Mississippi Itemized Deductions (Federal limits due to AGI apply) Enter here and on Form 80-105,	_				<u>.</u>	
	Page 1, Line 19 or Form 80-205, Page 1, Line 16a. T 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 104)		<u>:</u>	<u>: :</u>	<u>:</u>	:	<u>: :</u>
	·		<u>, </u>	ne gain or	n Form 80)-105 F	age
2, Lir betwe	ureceived capital gain distributions but do not need SCHEDULE D to report any other gains ne 40 or Form 80-205, Page 2, Line 39. Total interest and dividend amounts on Lines 4 & 5 een taxpayer and spouse before the amounts are transferred to Form 80-105, Page 2, Line	5 below, from joes 36 and 37, re	ointly own	ed accou	ints, may	be split	
	Interes	şt . ,		Div	<u>/idends</u>		
1.	Interest Income From All Sources 1.						
2.	Amount of MS Non-Taxable Interest in Line 1.						
3.	Total MS Interest (Line 1 minus Line 2). Enter here & 3. on Form 80-105, Page 2, Line 40 or Form 80-205, Page 2, Line 39.		 	* en = en :	,	F17 F17 1	
4.	Total Dividends From All Sources		4.				
5.	Amount of MS Nontaxable Distributions Reported in Line 4		5.				
6.	Total MS Dividends (Line 4 minus Line 5). Enter here and on Resident Form 80-105, Page 2. Line 41 or Non-Resident Form 80-205, Page 2. Line 40.		6.			:	:

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (Resident Returns Only)

Duplex or Photocopies NOT Acceptable

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Your contribution may be claimed as a tax deductible charitable contribution on your state and federal income tax returns. Once your return is filed, your contribution is **final** and cannot be refunded. On page 1, Line 30, form 80-105 please indicate by each Fund J, K, L, M, N, and/or Z the amount(s) of your refund you wish to contribute to each of these funds, then enter total in the box provided. Refer to the instruction booklet 80-100 (may be downloaded from our website www.mstc.state.ms.us) for an explanation of the purpose of each of these funds and how the refund donations will be used.

.1)	Mississinn	i Militarv	Family R	aliaf Fund
.1)	IVIISSISSIDD	Livillitary	Family R	ener Fur

- (K) Mississippi Commission for Volunteer Service Fund
- (L) Mississippi Wildlife Heritage Fund
- (M) Mississippi Educational Trust Fund
- (N) Mississippi Wildlife Fisheries and Parks Foundation
- (Z) Mississippi Burn Care Fund



MISSISSIPPI Other Income (Loss) and Supplemental Income 2007

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Duplex or Photocopies NOT Acceptable	SSN :					
PART4: INCOME (LOSS) FROM RENT	S, ROYALTIES, PARTNERSHIPS, S COR	PORATIONS, TRUSTS & ESTATES				
INCOME (LOSS) FROM RENTAL REAL ES						
Total Rental Real Estate and Royalty Income (Lo	ss) from Part 1, Federal Schedule E	· · · · · · · · · · · · · · · · · · ·				
Add: Depletion claimed in excess of cost basis	00					
A. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. Add above 2 lines.	00				
INCOME (LOSS) FROM PARTNERSHIPS A	ND S CORPORATIONS					
Name of Partnership or S Corporation	FEIN (Must include FEIN)	INCOME OR (LOSS) (Nonresidents use Mississippi K-1's)				
		00				
		00				
		00				
		00				
B. Total Partnership and/or S Corporation I	ncome (Loss)	00				
INCOME (LOSS) FROM ESTATES AND TR Name of Estate or Trust	USTSFEIN (Must include FEIN)	INCOME OR (LOSS) (Use Mississippi K-1's)				
		00				
		00				
O Tatal Fatala and Trust Income (1 and						
C. Total Estate and Trust Income (Loss) D. Total of Lines A, B, & C. Enter here						
Page 2, Form 80-205. (Income from Rents, F	Royalties, P'ships, S Corps, Trusts & Estates.)	00				
PART 5: SCHEDULE N - Other Income (L	(If negative, shade minus (-) in box as in example at left)					
List type of Income (Loss) or Adjustment		example at left)				
1.						
2.		00				
3.						
4.		00				
		00				
5.		00				
6.		00				
Total Schedule N Other Income (Loss) Form 80-105 or Line 44 Page 2 Form 80	enter here and on Line 45, Page 2,					